



Consumer Affairs and Licensing

Mayor Martin J. Walsh

APPLICATION FOR ANNUAL LIVE ENTERTAINMENT LICENSE*

DIRECTIONS

1. The applicant should complete this application and file it with the Licensing Division, 1 City Hall Square, Room 817, Boston, MA 02215.
2. After the application is filed, a Licensing Investigator may schedule a hearing to take place (3) to (4) weeks later. The hearing fee is \$100 and must be paid prior to the hearing date.
3. A hearing notice will be provided to the applicant, who must public and serve said hearing notice pursuant to the guidelines provided to the applicant with the required notice.
4. The applicant should contact interested community organizations. If help is needed in identifying community organizations, the Licensing Division or the Mayor's Office of Neighborhood Services will provide assistance.
5. Both the applicant and the person who will be in control of the premises must appear at the hearing.
6. All applicants must submit the following documents:

DOCUMENT CHECKLIST

- | | |
|---|---|
| <input type="checkbox"/> Inspection Certificate & Cert. of Use and Occupancy
<i>Inspectional Services Department
1010 Massachusetts Avenue, 5th floor, Boston, MA 02118
(617) 635- 5300</i> | <input type="checkbox"/> AB/CV License
<i>Boston Licensing Board
1 City Hall Square, Rm. 809, Boston, MA 02201
(617) 635-4170</i> |
| <input type="checkbox"/> Place of Assembly Permit (Capacity 50 and over)
<i>Boston Fire Department – Fire Prevention Division
1010 Massachusetts Avenue, 4th floor, Boston, MA 02118
(617) 343-3772</i> | <input type="checkbox"/> Articles of Organization of the Corporation
<i>Secretary of the Commonwealth – Corporations Division
1 Ashburton Place, Rm. 1717, Boston, MA 02108
(617) 727-9640</i> |
| <input type="checkbox"/> Business (d/b/a) Certificate
<i>City Clerk's Office
1 City Hall Square, Rm. 601, Boston, MA 02201
(617) 635-4600</i> | <input type="checkbox"/> Floor plan
<i>Please indicate location of live entertainment, floorshow, dance floor, and amusement devices</i> |
| | <input type="checkbox"/> Deed or Lease |

*** For applicants wishing to offer live entertainment for up to seven days per week.**



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PART I: BUSINESS ORGANIZATION

1. Business Name (d/b/a): _____ 2. Business Tel.: (____) _____ - _____

3. Business Address: _____

4. Attorney's Name: _____ 5. Attorney's Tel.: (____) _____ - _____

6. Attorney's Address: _____

7. The business for which this application is being filed is a: (please select)

- ☐ Sole Proprietorship, Owner's name: _____
- ☐ Partnership, Partners' name(s): _____
- ☐ Limited Partnership, Partners' name(s): _____
- ☐ Corporation, Corporation name: _____

(Please list the name and home address of each officer, director and each shareholder as well as the amount of stock in the corporation owned by each. If necessary, submit cover sheet.)

8. Employer Identification Number: _____

9. If new ownership, please indicate previous business name (d/b/a), owner and date you assumed possession: _____

10. Was there an approved transfer of Alcohol Beverage/ Common Victualler License within the last year? ☐ Yes ☐ No

11. Do you have any financial or corporate relationship with the prior owner? ☐ Yes ☐ No

a. If yes, please explain: _____

12. Does anyone who holds direct or indirect interest in the premises hold direct or indirect interest in any other premises which has an entertainment license in the City of Boston? ☐ Yes ☐ No

a. If yes, please explain: _____

13. Has anyone who holds direct or indirect interest in the premises ever been denied an entertainment license or had an entertainment license suspended, revoked, or voluntarily surrendered an entertainment license in any jurisdiction? ☐ Yes ☐ No

- a. If yes, please attach explanation and dates and indicate the person with the aforementioned interest: _____

14. Has the applicant, or a director or officer of the applicant: (If "Yes" to any, please attach explanation)

- a. Been convicted of a felony within the past seven years? ☐ Yes ☐ No
- b. Held an interest in an AB/CV license which has been suspended or revoked, or voluntarily surrendered? ☐ Yes ☐ No
- c. Any knowledge of illegal activity by its principals which may affect this license or the licensed premises? ☐ Yes ☐ No

PART II: ENTERTAINMENT

Please identify with a checkmark the entertainment for which you are applying:

- | | |
|--|---|
| <input type="checkbox"/> Instrumental Music, # of _____ | <input type="checkbox"/> Ping Pong Tables, # of tables _____ |
| <input type="checkbox"/> Vocal Music, # of _____ | <input type="checkbox"/> TV(s)/Monitor(s) (27" and under), # of _____ |
| <input type="checkbox"/> Disc Jockey | <input type="checkbox"/> Widescreen TV (larger than 27"), # of _____ |
| <input type="checkbox"/> Dancing by Patrons | <input type="checkbox"/> Dartboard, # of _____ |
| <input type="checkbox"/> Karaoke | <input type="checkbox"/> Floor Show (Please describe. Ex. Comedian, Dance Performance, Cabaret, etc...) |
| <input type="checkbox"/> Exhibition or Trade Show | _____ |
| <input type="checkbox"/> Movie Theater, # of screens _____ | <input type="checkbox"/> Athletic Event, (Please describe.) |
| <input type="checkbox"/> Stage Play, # of stages _____ | _____ |
| <input type="checkbox"/> Radio | _____ |
| <input type="checkbox"/> Audio Device (ex. iPod, CD player etc...) | <input type="checkbox"/> Video & Pinball machine, # of _____ |
| <input type="checkbox"/> Jukebox | |

If you are applying for any type of coin controlled amusement game machine, please answer the following:

1. Total Number of Games/Machines: _____
2. Name(s) of Game/Machine: _____
3. Manufacturer and Manufacturer's Serial Number(s): _____
4. Will you own the coin-controlled game(s)? ☐ Yes ☐ No
5. If "No", please provide the name, address and telephone number of the owner/vendor of the games: _____

6. Is this game(s) approved by the State Director of Standards? ☐ Yes ☐ No
7. Does your premise have a remote switch to shut off the games? ☐ Yes ☐ No
8. If yes, please indicate the location of the switch: _____
9. Is this a game(s) involving, in whole or in part, the skill of the player? ☐ Yes ☐ No

10. As part of the entertainment, will any entertainer, employee or person on the licenses premises be permitted to be unclothed or in such attire as to expose to view any portion of the areola of the female breast or any portion of the pubic hair, cleft of the buttocks, or genitals? ☐ Yes ☐ No

a. If yes, please describe: _____

11. If you are restricting admission for ENTERTAINMENT to adults as a matter of practice, is the premises licensed within the Adult Entertainment District? ☐ Yes ☐ No

a. If no, has ENTERTAINMENT on the premises been restricted to the adult continuously since November 26, 1974, or prior thereof? ☐ Yes ☐ No

PART III: MANAGER OF RECORD

Please provide the following information on the proposed manager of record:

1. Proposed Manager of Record: _____

2. Home Address: _____

3. Email Address: _____

4. Phone Number: (____) _____ - _____ 5. Social Security Number: _____ - _____ - _____

6. Date of Birth: ____/____/____ 7. Place of Birth: _____

8. Mother's Maiden Name: _____ 9. Father's Name: _____

WITHIN THE PAST SEVEN YEARS, HAS THE PROPOSED MANAGER BEEN CONVICTED OF A FELONY OR A VIOLATION OF A STATE OR FEDERAL NARCOTICS LAWS? ☐ Yes ☐ No

PART IV: OPERATION

1. Proposed Capacity of Premise: _____

2. Number of Restrooms: _____

3. Number of Egresses: _____

4. Hours of Operation on AB/CV License: _____

5. Proposed Hours of Entertainment: _____

PART V: APPLICANT INFORMATION

STATEMENT OF APPLICANT: Under the pains and penalties of perjury, I affirm that the answers contained in this application are true to the best of my knowledge and belief, and that there are no other indirect interests in this license other than those indicated in this application.

SIGNATURE OF APPLICANT: _____ DATE SIGNED: ____/____/____

PRINT NAME: _____ TEL: (____) _____ - _____

RELATIONSHIP TO BUSINESS: _____